

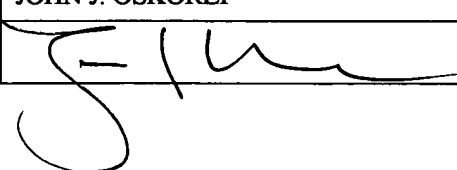
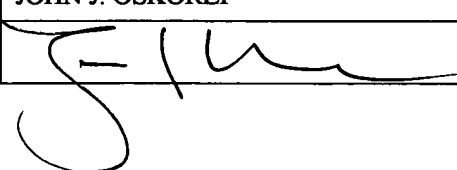
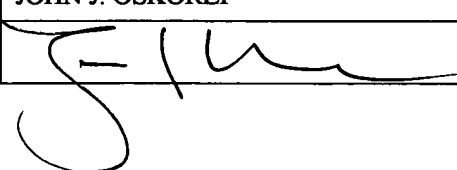
121203  
16523 U.S. PTO

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 CFR 1.53(b))

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10/735112

121203

<b>Attorney Docket No.</b>		HSJ9-2003-0144US1		(0107-0043)																																																														
<b>First Inventor or Application Identifier:</b>		Allen																																																																
<b>Title:</b>		IMPROVED DAMASCENE METHOD FOR FORMING WRITE COILS OF MAGNETIC HEADS																																																																
<b>Express Mail Label No.:</b>		EV 300425564 US																																																																
<b>Application Elements</b> (See MPEP chapter 600 concerning utility patent application contents)			<b>ADDRESS TO:</b> MAIL STOP PATENT APPLICATION Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450																																																															
<p>1. <input checked="" type="checkbox"/> <b>Fee Transmittal Form</b> (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> <b>Specification</b> [Total Pages <u>16</u>] (preferred arrangement set forth below)</p> <ul style="list-style-type: none"><li>• Descriptive title of the Invention</li><li>• Cross References to Related Applications</li><li>• Statement Regarding Fed sponsored R&amp;D</li><li>• Background of the Invention</li><li>• Brief Summary of the Invention</li><li>• Brief Description of the Drawings (if filed)</li><li>• Detailed Description</li><li>• Claim(s)</li><li>• Abstract of the Disclosure</li></ul> <p>3. <input checked="" type="checkbox"/> <b>Drawing(s)</b> (35 USC 113) [Total sheets <u>7</u>]</p> <p>4. <input checked="" type="checkbox"/> <b>Oath or Declaration</b> [Total Pages <u>3</u>]</p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below]</p> <p>i. <input type="checkbox"/> <b>Deletion of Inventor(s)</b> Signed statement attached in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> <b>Incorporation by Reference</b> (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> <p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Copy</p> <p>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p>c. <input type="checkbox"/> Statement Verifying identity</p>																																																																		
<table border="1"><thead><tr><th colspan="2">ACCOMPANYING APPLICATION PARTS</th></tr></thead><tbody><tr><td>8. <input checked="" type="checkbox"/> Assignment</td><td></td></tr><tr><td>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)</td><td></td></tr><tr><td>10. <input type="checkbox"/> English Translation Document (if applicable)</td><td></td></tr><tr><td>11. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (Form 1449) Citations</td><td></td></tr><tr><td>12. <input type="checkbox"/> Preliminary Amendment</td><td></td></tr><tr><td>13. <input checked="" type="checkbox"/> Return Receipt Postcard (CPEP 503) (Should be specifically itemized)</td><td></td></tr><tr><td>14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement Status is still proper and desired</td><td></td></tr><tr><td>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</td><td></td></tr><tr><td>16. <input checked="" type="checkbox"/> OTHER: Express Mail Certification Check # <input type="checkbox"/> (\$ <input 6"="" type="checkbox/&gt;)&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;/tbody&gt;&lt;/table&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td colspan="/><p>17. If a <b>CONTINUING APPLICATION</b>, check appropriate box and supply the requisite information:</p><p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-In-Part of prior application no.:</p><p>Prior application information: Examiner: _____ Group/Art Unit: _____</p></td></tr><tr><td colspan="6"><b>18. CORRESPONDENCE ADDRESS</b></td></tr><tr><td colspan="6"><p><input type="checkbox"/> Customer Number ( ) Or Bar Code Label</p><p>OR</p><p><input checked="" type="checkbox"/> Correspondence Address Below</p></td></tr><tr><td colspan="2"><b>NAME</b></td><td colspan="4">ATTN: John J. Oskorep</td></tr><tr><td colspan="2"><b>ADDRESS</b></td><td colspan="4">One Magnificent Mile Center 980 N. Michigan Avenue, Suite 1400 Chicago, Illinois 60611</td></tr><tr><td colspan="2">Telephone: 312-222-1860</td><td colspan="4">Fax No.: 312-214-6303</td></tr><tr><td colspan="2"><b>Name (print/type)</b></td><td colspan="2">JOHN J. OSKOREP</td><td colspan="2"><b>Registration No.:</b> (Attorney/Agent)</td></tr><tr><td colspan="2"><b>Signature</b></td><td colspan="2"></td><td colspan="2"><b>Date</b> 12 Dec 2003</td></tr></tbody></table>						ACCOMPANYING APPLICATION PARTS		8. <input checked="" type="checkbox"/> Assignment		9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)		10. <input type="checkbox"/> English Translation Document (if applicable)		11. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (Form 1449) Citations		12. <input type="checkbox"/> Preliminary Amendment		13. <input checked="" type="checkbox"/> Return Receipt Postcard (CPEP 503) (Should be specifically itemized)		14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement Status is still proper and desired		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)		16. <input checked="" type="checkbox"/> OTHER: Express Mail Certification Check # <input type="checkbox"/> (\$ <input 6"="" type="checkbox/&gt;)&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;/tbody&gt;&lt;/table&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td colspan="/> <p>17. If a <b>CONTINUING APPLICATION</b>, check appropriate box and supply the requisite information:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-In-Part of prior application no.:</p> <p>Prior application information: Examiner: _____ Group/Art Unit: _____</p>	<b>18. CORRESPONDENCE ADDRESS</b>						<p><input type="checkbox"/> Customer Number ( ) Or Bar Code Label</p> <p>OR</p> <p><input checked="" type="checkbox"/> Correspondence Address Below</p>						<b>NAME</b>		ATTN: John J. Oskorep				<b>ADDRESS</b>		One Magnificent Mile Center 980 N. Michigan Avenue, Suite 1400 Chicago, Illinois 60611				Telephone: 312-222-1860		Fax No.: 312-214-6303				<b>Name (print/type)</b>		JOHN J. OSKOREP		<b>Registration No.:</b> (Attorney/Agent)		<b>Signature</b>				<b>Date</b> 12 Dec 2003	
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 fax: 312-214-6303  
 email: joskorep@securepatents.com

## FEE TRANSMITTAL

Attorney Docket No.	HSJ9-2003-0144US1
First Named Inventor:	Allen
Application Number	not yet assigned
Filing Date:	not yet assigned
Examiner Name:	not yet assigned
Group/Art Unit:	not yet assigned

<b>TOTAL AMOUNT OF PAYMENT:</b>	<b>\$ 806.00</b>
<b>METHOD OF PAYMENT (check One)</b>	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:  Deposit Account No.: 50-2587 Deposit Account Name: Hitachi Global Storage Technologies  <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17  2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other

### 2. UTILITY Basic Filing Fee & Claims

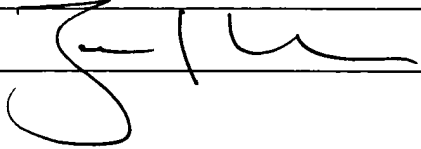
(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 770.00	\$385.00	\$ 770.00
Total Claims	22 - 20 =	2	X \$ 18.00	X \$ 9.00	\$ 36.00
Independent Claims	2 - 3 =	0	X \$ 86.00	X \$ 43.00	\$ 0.00
Multiple Dependent Claim(s) (if applicable)		0	\$ 290.00	\$145.00	\$ 0.00
<b>Total of above Calculations =</b>					<b>\$ 806.00</b>

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 340.00	\$ 170.00	\$ 0.00
Reissue filing fee	\$ 770.00	\$ 385.00	\$ 0.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$ 0.00
<b>Total of above Calculations =</b>			<b>\$ 0.00</b>

### 3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Assignment Recordation	\$ 40.00	\$	\$ 0.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>TOTAL:</b>			<b>\$ 0.00</b>

Name (print/type)	John J. Oskorep	Registration No.: (Attorney/Agent)	41,234
Signature		Date	12 Dec 2003

**"EXPRESS MAIL" MAILING LABEL NO. EV 300425564 US**

**DATE OF DEPOSIT:** 12 Dec 2003

**I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED  
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INDICATED ABOVE AND IS ADDRESSED TO THE COMMISSIONER  
FOR PATENTS, P.O. Box 1450, ALEXANDRIA, VA 22313-1450.**

John J. Oskorep

**NAME**



**SIGNATURE**